

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**097956257**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7		4		2		
8		4		2		
9	1		1			
10	1		1			
11	1		1			
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32	1		1			
33		1		1		
34		2		2		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		0		1		
43						
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TOTAL IND.	9		9			
TOTAL DEP.	40		36			
TOTAL CLAIMS	49		45			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

BEST AVAILABLE COPY